



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003
Newark, New Jersey 07101
(973) 504-6400



Instructions for Applying for Shop Modification or Alteration

Pursuant to N.J.A.C. 13:28-2.1(h), a shop owner who makes a request to expand or make physical alterations to an existing shop, or to expand or make physical alterations to a shop as a part of a transfer of ownership pursuant to N.J.A.C. 13:28-2.3, shall submit an application to the Board for approval, an application fee, a detailed statement concerning the proposed changes, the original floor plan, the new floor plan for the shop, and a statement of approval from the planning, zoning or construction official in the municipality where the shop is located. If municipal approval for the expansion or physical alterations is not required, the applicant shall submit a statement from the municipality to that effect.

Please read the Board's statutes and regulations at www.njconsumeraffairs/cosmetology/cos_rules.htm before completing the **enclosed application** and **have it notarized**. Check with the post office regarding the correct address of the shop (including P.O. box number). **Mail the completed application to schedule an inspection date. Call seven (7) days after submission for a tentative date of inspection.** Inspections are conducted on Mondays. Any changes to the inspection date will be confirmed by the Enforcement Bureau. Display/post licenses, the price list, consumer protection signs and **make available for inspection** the employee files with **two forms of identification** provided for each employee (one with a photo).

Please attach to this **original** application **copies** of the following documentation (which must be signed and dated) to **avoid** delay/rejection of the application:

1. The completed application which has been notarized by all of the owners.
2. A detailed statement concerning the proposed changes and explain why the address may need to be changed.
3. Obtain a new certification of occupancy/compliance or approval from the planning, zoning or construction official in the municipality where the shop is located. If municipal approval for modification/alteration is not required, the applicant shall submit a statement from the municipality to that effect.
4. The proposed and original floor plans.
5. A reinspection fee of \$150.00.
6. A **copy** of the Experienced Practicing Licensee's (E.P.L./manager) personal license, along with a current photograph. He/she must have at least three (3) years of experience.
7. A **copy** of the new lease or a letter from the landlord.

All documents and the application must show the same owner name(s).

Mail the completed application to:

**New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th floor
P.O. Box 45003
Newark, New Jersey 07101**

Shop ID No.
(Choose one and provide number.)

☐ WE _____

☐ WD _____

☐ WM _____

Please indicate the type of modification or alteration you seek:

☐ Cosmetology & Hairstyling

☐ Manicuring

☐ Skin Care Specialty

☐ Beauty Culture

☐ Barbering

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Application No. _____

Application for Shop Modification or Alteration

Required fee: **\$150.00**

A money order or certified check must accompany this application. **Do not** send cash or a personal check.

Assigned to: _____

Inspection for: _____

Do not write above this line.

Pursuant to N.J.S.A. 45:5B et seq. and N.J.A.C. 13:28 et seq., the undersigned hereby applies for a license to operate a shop. (Read the statutes and regulations governing the practice of cosmetology and hairstyling before completing this application.)

All questions must be answered.

- Check (✓) form of ownership:
☐ Individual or sole-owner ☐ New Jersey corporation ☐ Out-of-state corporation ☐ Partnership ☐ L.L.C.
- Every owner, partner or officer of the corporation, partnership or Limited Liability Company (L.L.C.) (with or without a license) must provide his/her name, title, the type of license held (if applicable), the license number and his/her Social Security number.

* Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.E.R. 60.7, 60.8 and 60.9, the Board is required to obtain the Social Security number of every owner, partner or officer. Pursuant to these authorities, the Board is also obligated to provide these Social Security numbers to:

 - the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
 - the Probation Division or any other agency responsible for child-support enforcement, upon request.

Please print clearly.

Name _____ Title _____ Type of license _____

License No. _____ Social Security No. _____ Telephone No. _____
(include area code)

Name _____ Title _____ Type of license _____

License No. _____ Social Security No. _____ Telephone No. _____
(include area code)

Name _____ Title _____ Type of license _____

License No. _____ Social Security No. _____ Telephone No. _____
(include area code)

Name _____ Title _____ Type of license _____

License No. _____ Social Security No. _____ Telephone No. _____
(include area code)

3. If the shop is owned by a corporation or L.L.C., please provide the name and address of the corporation or L.L.C.

Name _____

Address: _____
Street address City State ZIP code County

4a. Shop name: _____

4b. Shop address: _____
Street address City State ZIP code County

4c. Shop telephone number _____ (include area code)

Home telephone number _____ (include area code)

Cellphone number _____ (include area code)

5. Name and license number of the Experienced Practicing Licensee (E.P.L. or manager, N.J.S.A. 45:5B-11 et seq.)

E.P.L.'s name _____ License No. _____

Note: All shops must employ an E.P.L. to oversee the management of the shop.

6a. Is this a new shop? ☐ Yes ☐ No

6b. Are you purchasing this business or otherwise acquiring it from a former owner? ☐ Yes ☐ No

6c. Provide the shop's former name and its address.

Name: _____

Address: _____
Street address City State ZIP code County

6d. When will you acquire the business from its former owner? _____
Month Day Year

7. In what type of building area is the shop located? _____

8. What is the total size of the shop in square feet? _____

(Note: N.J.A.C. 13:28-2.5 requires that all licensed premises shall contain at least 350 square feet of floor space if there are one or two licensed operators working at two stations. For every additional licensed operator/station, an additional 50 square feet of floor space is required.)

9. When will the shop be ready for inspection? _____
Month Day Year

10. What is the proposed date to open for business? _____
Month Day Year

11. How many people do you plan to employ? _____

12. Please provide the name, shop license number and business address of any other shops owned by this corporation.

Shop/Trade name	Business address	License number
Shop/Trade name	Business address	License number
Shop/Trade name	Business address	License number

- 13a. N.J.A.C. 13:28.2.5 requires that every cosmetology and hairstyling, beauty culture or barbering shop contain the following minimum equipment:

- One lavatory that includes a toilet, hand-washing facilities and a door;
- One shampoo basin with hot and cold running water and a reclining chair;
- For barbering shops only, at least one chair with an adjustable headrest suitable for performing shaving services;
- A designated area for cleaning and disinfecting implements and tools;
- One ultrasonic unit for cleaning metal implements and tools;

- vi. A clean, closed receptacle for storage of sanitized implements and tools at each work station;
- vii. A closed container for clean linens;
- viii. A closed container for soiled linens;
- ix. Hair drying facilities;
- x. A dispensary or place where supplies are prepared and dispensed;
- xi. Permanent outside sign showing the trade name; and
- xii. Such other equipment as is necessary to provide those services offered by the shop in a safe and sanitary manner.

13b. N.J.A.C. 13:28-2.6 and 2.6A require that every manicuring shop and every skin-care specialty shop contain the following minimum equipment:

- i. At least one sink in the work area with hot and cold running water;
- ii. A designated area for cleaning and disinfecting implements and tools;
- iii. One ultrasonic unit for cleaning metal implements and tools;
- iv. A clean, closed receptacle for storage of sanitized implements and tools at each work station;
- v. A closed container for clean linens;
- vi. A closed container for soiled linens;
- vii. A closed waste container for each work station;
- viii. A dispensary or place where supplies are prepared and dispensed;
- ix. Permanent outside sign showing the trade name; and
- x. Such other equipment as is necessary to provide those services offered by the shop in a safe and sanitary manner.

14. Have you attached to this application the required diagram/floor plan of the proposed shop premises? ☐ Yes ☐ No

Note

Every application to modify or alter an existing shop must be accompanied by documentation that the premises have been approved by the local municipality for business use. For example, a Certificate of Occupancy issued by the municipality's Fire Department would meet this requirement.

Please remember that it is unlawful to operate a shop without first having obtained a license to do so.

State of New Jersey

Tax ID #: _____

County of _____

I / We, being duly sworn (or affirm) say that I / we have read and clearly understand all of the statements contained in this application, that they are true and correct and said application is submitted to obtain authorization to modify or alter an existing shop. I / We understand that cosmetology/hairstyling, manicuring or skin-care services will be offered upon these premises.

Print name: _____

Signature: _____

Print name: _____

Signature: _____

Print name: _____

Signature: _____

Print name: _____

Signature: _____

Sworn and subscribed to before me this _____

day of _____, 20 _____

Month

Name of Notary Public (please print)

Signature of Notary Public

Affix seal here

***If a partnership, all partners must sign.
If a corporation or L.L.C., corporate officers must sign.***

Diagram/Floor Plan

All licensed premises shall contain not less than 350 square feet of space and one lavatory within the shop. (See N.J.A.C. 13:28-2.5, 2.6 & 2.6A).

[illegible]